

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.PLAINTIFF Stebbins Michael W 5:13 CV 545 COURT CASE NUMBERDEFENDANT Jennings Mary TYPE OF PROCESSSERVE Jennings Mary NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1017 5th ST NW New Philadelphia Ohio 44663

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Stebbins Michael W
215 High St APT A
Hartsville Ohio 44632Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

JUDGE PEARSON

Fold

MAG. JUDGE LIMBERT

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No. _____

District
to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: